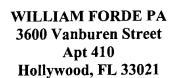
FILED 2001 UNIFORM BUSINESS REPORT (UBR) Aug 08, 2001 8:00 am Secretary of State DOCUMENT # P0000073602 1. Entity Name WILLIAM FORDE PA 08-08-2001 90007 026 ***150.00 Principal Place of Business Mailing Address 3600 Vanburen St. 3600 Vanburen St. DENOTOLS Apt 410 Apt 410 Hollywood FL 33021 Hollywood FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1029733 City & State Applied For Not Applicable Zip Country Zip \$8.75 Additional Fee Required 5.- Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM FORDE Street Address (P.O. Box Number is Not Acceptable) 3,600 Vanburen Street Apt 410 Hollywood FL 33021 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and talle it applicable DATE 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After MAY 1/2001/Fee will be \$550.00 Make Check Payable to Department of St. Tax filing requirement and elects to do so. П Trust Fund Contribution. (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME William Forde STREET ADDRESS STREET ADDRESS 3600 Vanburen St Apt 410 Hollywood FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .TITLE_ TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

30,

67

SIGNATURE:





July 30, 2001

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: WILLIAM FORDE PA
DOCUMENT#: P00000073602

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

३ व्यड प्रस्तार दक्षेत्र हु ग्रीज्ञाती ५ वेटर प्रत्यवतो केवव नेर १४०१४९५ है। व्यक्तिय खर (१४ प्रीक्तिर च उक्त १व्य के स्थानार्थ वर्षेत्रपत १४वेटर र

Please advise.

Your cooperation is appreciated.

William Forde

WF/re